



I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: June 8, 2007

Signature:

(Kevin M. Kocun)

Docket No.: SPINE 3.0-455 CIP CONT V  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Zubok et al.

Application No.: 10/781,484

Group Art Unit: 3733

Filed: February 18, 2004

Examiner: Not Yet  
Assigned

For: INSTRUMENTATION AND METHODS FOR  
USE IN IMPLANTING A CERVICALDISC  
REPLACEMENTDEVICE

**RESPONSE TO RESTRICTION REQUIREMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

This communication is in response to the Office Action mailed February 6, 2007, setting forth a Restriction Requirement in the above-identified application. In the Office Action, the Examiner required restriction to one of the following inventions under 35 U.S.C. §121:

I. Claims 1-6, drawn to an intervertebral disc replacement device, classified in class 623, subclass 17.11.

II. Claims 7-18, drawn to an insertion plate, classified in class 606, subclass 99.

III. Claims 19-22, drawn to 606, classified in class 606, subclass 61.

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In response, Applicants hereby elect the invention of Group I, corresponding to claims 1-6. Applicants reserve the right to file a divisional/continuation application corresponding to the non-elected claims.

In the event any fee is due in connection with the present response, the Examiner is authorized to charge Deposit Account No. 12-1095 therefor.

Dated: June 8, 2007

Respectfully submitted,

By 

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